

West Coast Youth and Community Support Volunteer Application Form



Title: Miss Ms Mrs Mr Other: _____

Given names: _____

Family name: _____

Preferred name: _____

Residential Address: _____

Suburb/town: _____ State: _____ Postcode: _____

Postal Address: _____

Suburb/town: _____ State: _____ Postcode: _____

Home Phone: _____ Mobile: _____ Work: _____

Email address: _____

Date of birth: DD / MM / YYYY Gender: Male Female Other/Prefer Not To Say

Country of birth (optional): _____

Please note: this information is useful in assisting clients from non-English speaking backgrounds.

Driver's license

Driver's License Number: _____

Do you have a current driving license? Yes No If yes, please circle: manual / automatic

Emergency Contacts

Name: _____ Relationship: _____

Contact numbers: 1 _____ 2 _____

Name: _____ Relationship: _____

Contact numbers: 1 _____ 2 _____

Areas of Interest

Which programs and/or services do you have an interest or skills in?

Homelessness Youth Programs Mentally Fit EP Community Connections

Other, please specify: _____

Availability

Anytime: or specify (as below)

	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Jan	Feb	Mar	Apr	May	Jun
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jul	Aug	Sep	Oct	Nov	Dec
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Frequency: Weekly Fortnightly Monthly

Work and Volunteering History

Have you worked or volunteered at West Coast Youth and Community Support before?

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If you have relevant work experience in a paid or voluntary capacity, please let us know here

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Please list any skills and/or experiences you would like to share with us: (i.e. computer skills, community service experience, youth group involvement, etc.)

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Please list any qualifications or training you would like to share with us: (i.e. university degree, TAFE certificate, first aid training).

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Languages other than English

Circle your level of your knowledge (basic, medium, fluent)

- 1. _____ (B/M/F) Written
- 2. _____ (B/M/F) Written

Your Health and Safety

West Coast Youth and Community Support is committed to providing and maintaining a safe and healthy work environment for all staff, volunteers and visitors. Please inform us of any reasons why you may not be able to perform the duties associated with this role. You will be able to discuss these further at your interview or training.

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Police Record Check and Working with Children Check

Do you consent to a Police Record Check?

Yes No

Are you willing to undergo a Working with Children Check?

Yes No

(Please provide any details of a previous Working with Children Check)

If yes, which state? _____ Expiry date: _____

Card/Registration No: _____

Referees

Please provide the name, address and telephone number of two people who are not family members and who are willing to act as referees for your chosen voluntary work position.

Name: _____ Relationship: _____

Ph: _____ Mob: _____

How long have you known this referee?: _____

Address: _____ Email: _____

Name: _____ Relationship: _____

Ph: _____ Mob: _____

How long have you known this referee?: _____

Address: _____ Email: _____

Volunteering opportunity

Please indicate how you found out about this volunteering opportunity:

- | | |
|---|--|
| <input type="checkbox"/> local community billboards/newsletters | <input type="checkbox"/> local newspaper |
| <input type="checkbox"/> local radio | <input type="checkbox"/> local volunteer resource centre |
| <input type="checkbox"/> other volunteer Program information sessions | <input type="checkbox"/> organisational website |
| <input type="checkbox"/> through other volunteers | <input type="checkbox"/> other (please state) |

Declaration

I am applying to become a volunteer within West Coast Youth and Community Support Incorporated.

I understand that I am required to participate in an interview, receive satisfactory Reference, Police Record and Working with Children Checks, and successfully complete training prior to acceptance as a volunteer. If successful, I agree to maintain the highest standards of confidentiality, with respect to any information obtained during the course of my volunteer work and abide by all the organisations policies and procedures.

I declare that the information contained in this application is true and correct.

Signature: _____

Applicant

Date: _____

Office use only:			
Photo identification: Yes/No/Not applicable Date:	Referee/s Check: Satisfactory / Unsatisfactory Date:	Police check: Clear / Non-disclosable Date:	Working with Children Check: Satisfactory / Unsatisfactory Date:
Volunteer database: Details entered: Yes/No Date:	Commencement date:	Probationary period date:	

Please send this form to: **Community Connections Program Partner:**
reception@wcycs.com.au
1/7 Mortlock Terrace | PO Box 1416, Port Lincoln, SA, 5606